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GREER, BUR 300 S WACKE 25TH FLOOR			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		ATTC		NEY DOCKET NO.	CONFIRMATION NO.
10/536,521	10/536,521 11/28/2005		Hans Rolf Pufal		4442.76045		4442.76045	9462
TITLE OF INVENTION			1					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300		\$0 !		\$1810	08/03/2009
EXAMINER		ART UNIT 3653	CLASS-SUBCLASS					
MATTHEWS, TEI		209-013000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Greer, Burns & Crain, LTD. Chicago, IL 60606 USA					
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	less an assignee is identi h in 37 CFR 3.11. Comp GNEE		data will appear on the T a substitute for filing (B) RESIDENCE: (C	e pa an a	tent. If an assigne ssignment. and STATE OR CO	OUNTR		cument has been filed for
KHD Humboldt Wedag GmbH 51067 - Cologne, Germany								
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):		Individual 💆 Cor	poratio	n or other private gro	up entity 🔲 Government
4a. The following fee(s): **State Fee **X** Publication Fee (N Advance Order - #	ermitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-2069 (enclose an extra copy of this form).						
_ ` `	tus (from status indicated s SMALL ENTITY statu	•	☐ b. Applicant is no	long	er claiming SMAL	L ENTI	TY status. See 37 CF	R 1.27(g)(2).
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